

LIFER ATTORNEY INVOICE

Statement of Services Rendered

HEARING DISPOSITION	
Send Invoice to: BOARD OF PAROLE HEARINGS P.O. BOX 4036 SACRAMENTO, CA 95812-4036 Attn: Accounting Liaison Unit	INMATE: _____ CDCR No: _____ LOCATION: _____ SCHEDULED DATE AND TIME OF HEARING: _____

CHECK ALL BOXES THAT APPLY	DESCRIPTION OF SERVICES PERFORMED	INITIAL BELOW TO CONFIRM SERVICES PERFORMED
<input type="checkbox"/>	ATTORNEY APPOINTED TO SCHEDULED HEARING, DOCUMENT REVIEW, ADA REVIEW	\$50.00 _____initials
<input type="checkbox"/>	FILE REVIEW, RESEARCH, CLIENT INTERVIEW <input type="checkbox"/> Pre-Hearing Waiver; Date _____ <input type="checkbox"/> Pre-Hearing Postponement; Date _____ <input type="checkbox"/> Hearing Cancellation; Date _____ <input type="checkbox"/> Other _____; Date _____	\$200.00 _____initials
<input type="checkbox"/>	HEARING COMPLETED OR ACTION TAKEN UNDER SECTION 2253 DECISION DATE _____	\$150.00 _____initials
<input type="checkbox"/>	EN BANC MEETING: APPEARANCE	\$100.00 _____initials
<input type="checkbox"/>	EN BANC MEETING: NON-APPEARANCE	\$50.00 _____initials

I hereby certify that the services rendered as set forth above are true and correct. I acknowledge there is a \$50.00 an hour rate with a maximum cap of \$400.00. I also certify that I am duly licensed to practice before all courts of the State of California and that I am an active member of the State Bar of California.

TOTAL
BILLING

Separate invoices must be submitted for overlapping Fiscal Years beginning July 1 and ending June 30

***Please be sure to submit invoice with an original signature, in *blue* ink.**

ATTORNEY AT LAW (SIGNATURE)*	NAME	S.S. NUMBER#	DATE	
ADDRESS NO. & STREET	<input type="checkbox"/> Change of address	CITY	STATE	ZIP
DEPARTMENTAL APPROVAL				
SIGNATURE	TITLE		DATE	